

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anette Drøhse	2. Surname (Last Name) Kjeldsen	3. Date 04-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna Trier Heiberg Brix
5. Manuscript Title GLOMUVENØSE MALFORMATIONER		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Dr. Kjeldsen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mette Wanscher	2. Surname (Last Name) Kjaerskov	3. Date 23-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna Trier Heiberg Brix
5. Manuscript Title GLOMUVENØSE MALFORMATIONER		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Kjaerskov has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Pernille Mathiesen	2. Surname (Last Name) Tørring	3. Date 05-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna Trier Heiberg Brix
5. Manuscript Title GLOMUVENØSE MALFORMATIONER		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Tørring has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Shailajah

2. Surname (Last Name)
Kamaleswaran

3. Date
11-October-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Anna Trier Heiberg Brix

5. Manuscript Title
GLOMUVENØSE MALFORMATIONER

6. Manuscript Identifying Number (if you know it)

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Dr. Kamaleswaran has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Anna Trier Heiberg

2. Surname (Last Name)
Brix

3. Date
04-October-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
GLOMUVENØSE MALFORMATIONER

6. Manuscript Identifying Number (if you know it)

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Stud. Med. Anna Brix has nothing to disclose.

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Anette

2. Surname (Last Name)

Bygum

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04-October-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Anna Trier Heiberg Brix

5. Manuscript Title

GLOMUVENØSE MALFORMATIONER

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